State of California

Bill Jones
Secretary of State

P.O. Box 944230
Sacramento, CA 94244-2300
Phone (916) 657-5537

STATEMENT BY FOREIGN CORPORATION

THIS STATEMENT MUST BE FILED WITH CALIFORNIA SECRETARY OF STATE (SEC. 2117, CORPORATIONS CODE)

96-352672
FILED
SACRAMENTO, CALIF.
JUL 23 1996
Bill Jones
SECRETARY OF STATE

A $10 FILING FEE MUST ACCOMPANY THIS STATEMENT.

WHEN COMPLETING FORM, PLEASE USE BLACK TYPEWRITER RIBBON OR BLACK INK

IMPORTANT—Read Instructions On Back Of Form

1. DO NOT ALTER PREPRINTED [illegible] IF ITEM [illegible] BLANK, PLEASE ENTER CORPORATE NAME AND NUMBER
C1250604 DUE DATE 07-31-96 03462F
ATARI CORPORATION
1196 BORREGAS AVE
SUNNYVALE, CA 94089

IF THERE HAS BEEN NO C[illegible]E IN ANY OF THE INFORMATION ON FILE—PROCEED TO LINE 13.

DO NOT WRITE IN THIS SPACE

THE FOREIGN CORPORATION NAMED HEREIN, MAKES THE FOLLOWING STATEMENT:

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 455 South Mathilda Avenue	ROOM NO.	2A. CITY AND STATE Sunnyvale, California	2B. ZIP CODE 94086
3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA (IF ANY) same	ROOM NO.	3A. CITY CA	3B. ZIP CODE
4. MAILING ADDRESS same	ROOM NO.	4A. CITY AND STATE	4B. ZIP CODE

THE NAMES OF THE FOLLOWING OFFICERS ARE:
An officer may hold more than one office. (Print name three officers—see reverse side of form)

5. CHIEF EXECUTIVE OFFICER Sam Tramiel	5A. STREET ADDRESS (DO NOT USE P.O. BOX) 455 South Mathilda Ave.	5B. CITY AND STATE Sunnyvale, California	5C. ZIP CODE 94086
6. SECRETARY Sam Tramiel	6A. STREET ADDRESS (DO NOT USE P.O. BOX) same	6B. CITY AND STATE	6C. ZIP CODE
7. CHIEF FINANCIAL OFFICER Sam Tramiel	7A. STREET ADDRESS (DO NOT USE P.O. BOX) same	7B. CITY AND STATE	7C. ZIP CODE

DESIGNATED AGENT FOR SERVICE OF PROCESS (Only one agent may be named)
Must have a California business or residence address if Agent is an individual.

8. NAME
Sam Tramiel, President

9. CALIFORNIA ADDRESS (DO NOT USE P.O. BOX. DO NOT INCLUDE ADDRESS IF AGENT IS A CORPORATION.)
455 South Mathilda Avenue, Sunnyvale, California 94086

10. DESCRIBE TYPE OF BUSINESS OF THE CORPORATION NAMED IN ITEM 1
Publisher and Manufacturer of Video Game Software and Hardware Products.

11. IF THE CORPORATION IS ANY OF THE FOLLOWING, CHECK THE APPROPRIATE BOX.

A non-profit corporation ☐

An insurance company ☐

Listed on the New York or American Stock Exchange, or is a wholly owned subsidiary of a corporation that is listed on the New York or American Stock Exchange, or NASDAQ ☒ ✓

12. I DECLARE THAT I HAVE EXAMINED THIS STATEMENT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE

TYPE OR PRINT NAME OF SIGNING OFFICER OR AGENT	SIGNATURE	TITLE	DATE
SAM TRAMIEL	X	Pres. & CEO	April 26, 1996

13. I DECLARE THERE HAS BEEN NO CHANGE IN THE INFORMATION CONTAINED IN THE LAST STATEMENT OF THE CORPORATION WHICH IS ON FILE IN THE SECRETARY OF STATE'S OFFICE. DOES NOT APPLY TO THE FIRST TIME FILING (READ INSTRUCTIONS BEFORE COMPLETING THIS ITEM)

☐ * Corporate address and certai[illegible] officers have changed since last statement, as shown above.

CHECK HERE | TYPE OR PRINT NAME OF SIGNING OFFICE[illegible] OR AGENT | SIGNATURE | TITLE | DATE

37

S/O 350 REV. (1/95)